

Check the applicable box:

☒ **Lobbyist Employer Registration Statement**

☐ **Lobbying Coalition Registration Statement**

(Government Code Section 86105)

Type or Print in ink

Legislative Session

2009 2010  
(Insert Years)

1/4

CALIFORNIA FORM **603**

FAIR POLITICAL PRACTICES COMM.

For Official Use Only

AMENDMENT 001

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

NATIONAL FEDERATION OF INDEPENDENT BUSINESS

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

SACRAMENTO

CA

95814

MAILING ADDRESS: (If different than above)

If this is an initial registration, enter the  
DATE QUALIFIED:

01/01/2009

TELEPHONE NUMBER:

FAX NUMBER: (Optional)

E-MAIL: (Optional)

### I Lobbyists and Lobbying Firms Employed

\* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Please see attached pages

### II List Below the State Agencies Whose Actions you Will Attempt to Influence

\* Will you attempt to influence the State Legislature?



Yes



No

Please see attached pages

### III Description of Lobbying Interests

\* For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act." Legislation relating to issues affecting Small Business

### VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed On 04/28/2010  
DATE

By Thomas W. Hiltachk  
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Thomas W. Hiltachk  
TYPE OR PRINT

Title Attorney/Agent for Filer

FPPC Form 603 (7/98)

For Technical Assistance: 916/322-5660

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:  
NATIONAL FEDERATION OF INDEPENDENT BUSINESS

2/4

Nature and Interests of Filer

Check one box only:

☐ INDIVIDUAL (Complete only Parts A and E)

☐ BUSINESS ENTITY (Complete only Parts B and E)

☒ INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E)

☐ OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity

Description of business activity in which engaged:

C. Industry, Trade or Professional Association

1. Description of industry, trade or profession represented:  
Small Business

2. Specific description of any portion or faction of the industry, trade or profession which the association exclusively or primarily represents:  
Small businesses in a variety of industries

3. Number of members in association (check appropriate box)

☐ 50 OR LESS (provide names of all members on an attachment.)

☒ MORE THAN 50

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

☐ AGRICULTURE

☐ EDUCATION

☐ GOVERNMENT

☐ HEALTH

☐ LABOR UNIONS

☐ LEGAL

☐ PUBLIC EMPLOYEES

☐ POLITICAL ORGANIZATIONS

☐ UTILITIES

☐ OTHER: \_\_\_\_\_  
(Describe)

BUSINESS (Check one of the following sub-categories.)

☐ ENTERTAINMENT/RECREATION

☐ FINANCE/INSURANCE

☐ LODGING/RESTAURANTS

☐ MANUFACTURING/INDUSTRIAL

☐ MERCHANDISE/RETAIL

☐ OIL AND GAS

☐ PROFESSIONAL/TRADE

☐ REAL ESTATE

☐ TRANSPORTATION

☒ OTHER \_\_\_\_\_  
Small Business - variety of industries (Describe)

Lobbyist Employer/Lobbying  
Coalition Registration Statement

II List Below the State Agencies Whose Actions you Will Attempt to Influence

Air Resources Board

Public Utilities Commission

Employment Development Department

Cal-OSHA

Board of Equalization

Department of Health & Human Services

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Employee Lobbyist

Michael Shaw